

Welcome to “Introduction to Trauma-Informed Care”. This slide set is a framework for instructors to follow to facilitate in delivery of trauma-informed care education. Helpful information, tips and resources will be available at the bottom of each slide for additional reference.

OVERVIEW

What is Trauma?

The 4-R's of A Trauma-Informed Approach

Additional Resources

WHAT IS “TRAUMA”?

Event

Experience

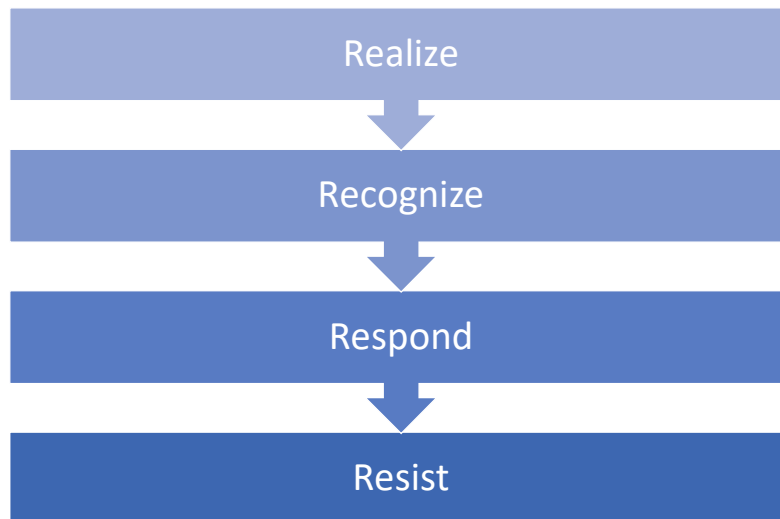
Effects

“TRAUMA” = POTENTIALLY DISTRESSING EVENT / EXPERIENCE
“TRAUMATIC STRESS” = REACTIONS TO THAT EXPERIENCE

According to the Substance Abuse Mental Health Services Administration (SAMHSA) “trauma” results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.

“Trauma” is referred to as a potentially distressing event or experience and “traumatic stress” are reactions to that experience.

UNDERSTANDING THE IMPACT OF EMOTIONAL TRAUMA



Substance Abuse Mental Health Services Administration Trauma-Informed Approach: The 4 R's

Realization about trauma and how it can affect people and groups

Recognizing the signs of trauma,

Have a system which can **Respond** to trauma

and ultimately **Resist** re-traumatization

Resource: https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

REALIZE: THE WIDESPREAD IMPACT OF TRAUMA
AND UNDERSTANDING POTENTIAL PATHS FOR
RECOVERY

Realize: The widespread impact of trauma and understanding potential paths for recovery

REALIZE: DEVELOPING A SHARED LANGUAGE: "TRAUMA"

Medical Trauma	Acute/Single Event	Allostatic Load	Attachment Related
War Trauma	Complex	Chronic Toxic Stress	System Induced
Relational	Situational	Unprocessed Memories	Vicarious Trauma/ Secondary Traumatic Stress/Compassion fatigue

Lakeside Global Institutes, *Enhancing Trauma Awareness*
Formed Families Forward Trauma Sensitive Approaches for Home and School: Video 1

It is important to share that there are many different types of "trauma". Here are some types of trauma with examples that may be relatable.

Medical Trauma – illness, injury; procedures, isolation, ongoing medical care, related to illness or injury

Acute/Single Event – one-time traumatic event

Allostatic Load – physiological impact and emotional weight of chronic/toxic stress

Attachment Related – experience of insecure attachments early in life

Chronic – repeated experiences

Complex – repeat experiences of different kinds of trauma; relational; chaos and unpredictability

Chronic Toxic Stress – Ongoing extreme stress

System Induced – unintentionally caused by service systems such as medical systems; law enforcement and justice system, foster and residential care, the courts; schools,

Relational – interpersonal; someone known trustworthy, power

Situational – events not perpetrated by others (car accidents, terrorist attacks, natural disasters)

Unprocessed Memories – not considered traumatic but child creates powerful toxic beliefs about an experience then haunts person as an adult

Vicarious Trauma, Secondary Traumatic Stress, compassion fatigue – hearing about or witnessing someone else's trauma; acquired through direct or indirect experience

War Trauma – physical trauma coupled with terror of extreme danger witnessing trauma incurred by others

REALIZE: ENHANCING OUR TRAUMA LANGUAGE

- **Cultural/Political**
- **Historical Trauma**
- **Intergenerational Trauma**



Lakeside Global Institutes, *Enhancing Trauma Awareness*

Cultural/Political – cultural practices and/or political unrest, revolutions, coups

Historical Trauma – trauma that impacts whole communities; legacy of slavery, holocaust, colonialism, racism

Intergenerational Trauma – passed to down one generation to the next; often exacerbated by family loyalty, beliefs, and behaviors

“In addition to terrifying events such as violence and assault there are additional types of trauma. In today’s world, we are no strangers to **cultural and political trauma** and this is where we see **Racism, Discrimination, Oppression, Poverty** — when experienced chronically, have a cumulative impact that can be fundamentally life-altering.” -Lakeside Global Institute

Trauma that impacts whole communities is categorized as **historical trauma** and can continue for many generations.

And that’s where we have intergenerational trauma and this is passed down from one generation to the next- here we can see how family stereotypes, beliefs and behaviors can continue to impact families generation after generation. One of the first articles to note the presence of intergenerational trauma appeared in 1966, when Canadian psychiatrist Vivian

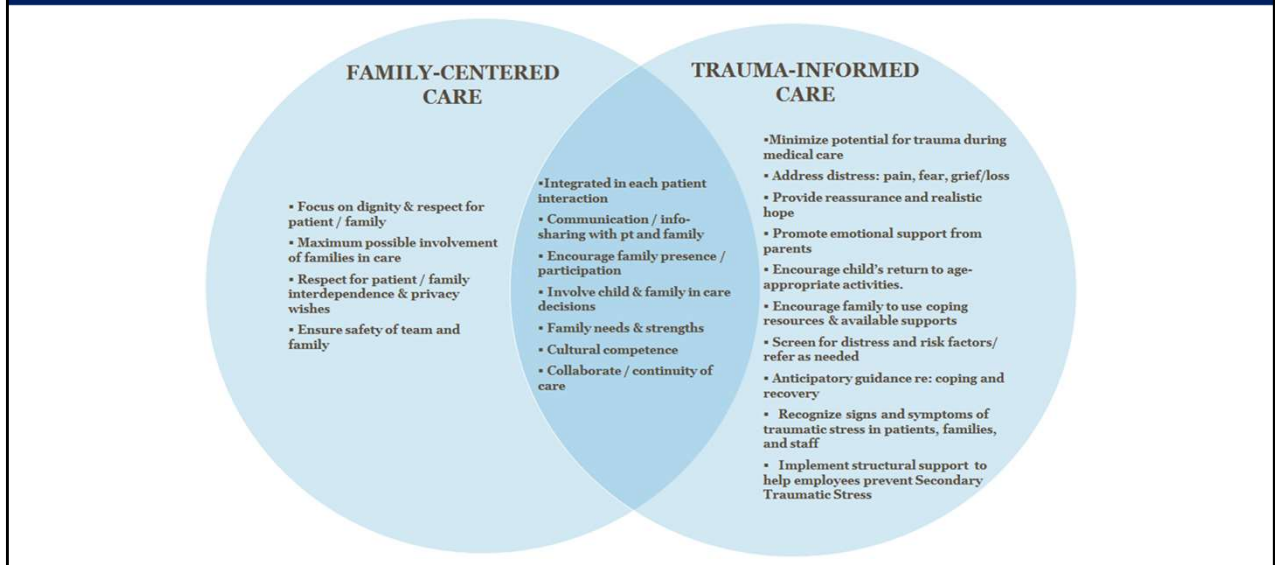
M. Rakoff, MD, and colleagues documented high rates of psychological distress among children of Holocaust survivors (*Canada's Mental Health*, Vol. 14). Since then, researchers have been assessing anxiety, depression and PTSD in trauma survivors and their progeny, with Holocaust survivors and their children the most widely studied and over the longest period of time.

Resource: Lakeside Global Institutes

DeAngelis, T. (2019, February). The legacy of trauma. *Monitor on Psychology*, 50(2).

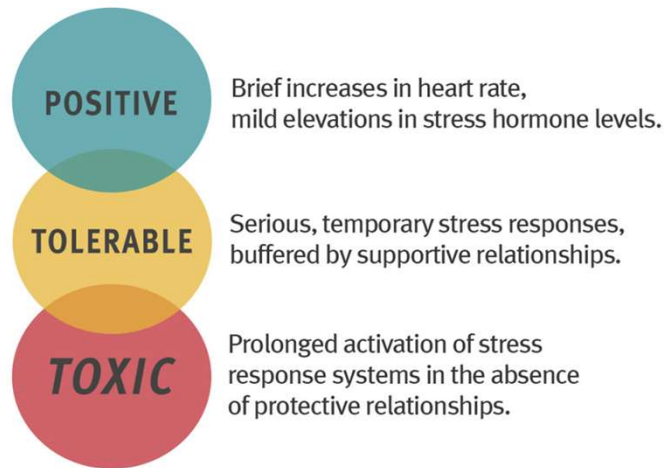
<http://www.apa.org/monitor/2019/02/legacy-trauma>

REALIZE: FAMILY-CENTERED CARE AND TRAUMA-INFORMED CARE



Family-centered care, a model that many are familiar with is complimentary to trauma-informed care. Family-centered care and trauma-informed care are two distinct approaches but there is a lot overlap. They're compatible and are easily implemented in that same space. Together they contribute to more fully enhance the patient family experience. You can see, in the TIC circle that recognizing and understanding Secondary Traumatic Stress is a key feature to TIC.

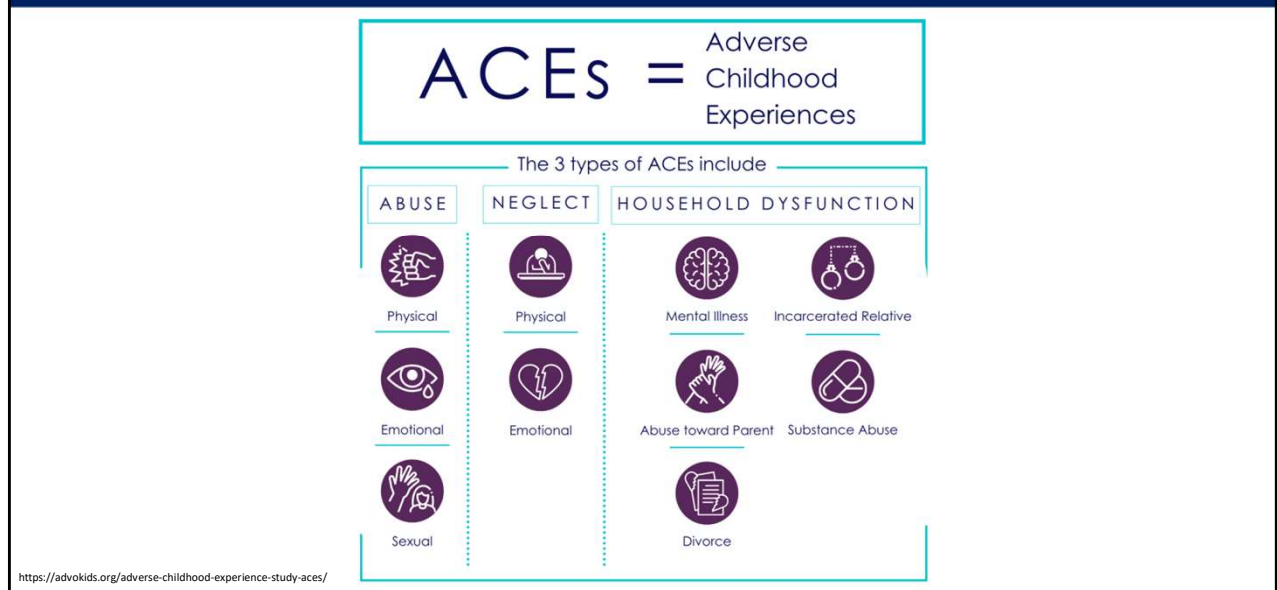
REALIZE: THE ROLE OF STRESS



Center for the Developing Child, Harvard University

Positive- good stress. Stress related to presentation or an exciting milestone in life.
Tolerable- Serious but temporary and it has the ability to be buffered by supportive relationships. This is the stress that we can't avoid, but we can support after they happen.
Toxic- prolonged activation of stress- never-ending and the lack of those supportive relationships. Grizzly bear- who lives in your house.

REALIZE: ADVERSE CHILDHOOD EXPERIENCES STUDY (ACES)



ACES and trauma are related – but not the same.

Adverse Childhood Experiences or ACEs come from a Kaiser Permanente Study done that took place between 1995 and 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors.

ACES are broken down into 3 categories: Abuse/neglect/household dysfunction and included:

Physical, emotional and sexual abuse; physical and emotional neglect; and exposure to mental illness, abuse toward parent, incarcerated relative, substance abuse, or divorce in their home life.

Findings: Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.

There have been more studies completed since then looking into ACEs.

For example: Philadelphia ACE study (2012)

- 37% of Philadelphians reported 4 or more ACEs

ACES Videos:

- Nadine Burke Harris TED Talk:
https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- ACES and Toxic Stress: <https://developingchild.harvard.edu/resources/aces-and-toxic-stress-frequently-asked-questions/>

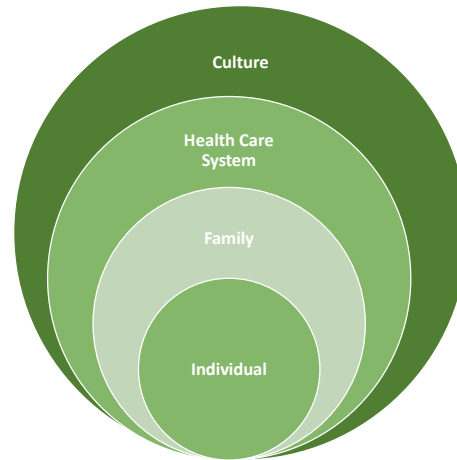
Resources:

Advokids.org- <https://advokids.org/adverse-childhood-experience-study-aces/>

REALIZE: IMPACT OF POTENTIALLY TRAUMATIC MEDICAL EVENTS

Influenced by:

- Impact of event on individual and family
- Experiences and interactions in health care systems



Emotional reactions to traumatic events are individualized and can vary drastically from person to person. It is important to recognize that exposure to trauma is subjective and the severity of the trauma may not be equal to the severity of the external response.

There are many different ways that people respond to trauma. Here are examples of some:

Externalizing is a lot of what we see when we have patients, family who are outwardly upset, yelling angry

Internalizing may look a lot like depression or detachment

It is important to consider how these reactions can cause impaired functioning such as in school or work life, relationships with others and overall quality of life.

Traumatic Stress Reactions can call upon different responses:

- Avoidance- not wanting to think/talk about injury, illness, hospital, experience
 - avoiding reminders, triggers
 - missing/canceling appointments/therapeutic activities
 - displaying less interest in usual activities
 - feeling emotionally numb/detached from others

Re-Experiencing- thinking a lot about injury, illness, medical procedure (unwanted and intrusive)

- feeling distressed at thoughts/ reminders

- having nightmares/ flashbacks

Arousal- increased irritability / agitation

- acting out behavior

- trouble concentrating/sleeping

- exaggerated startle response

- hyper-vigilance/ overprotection

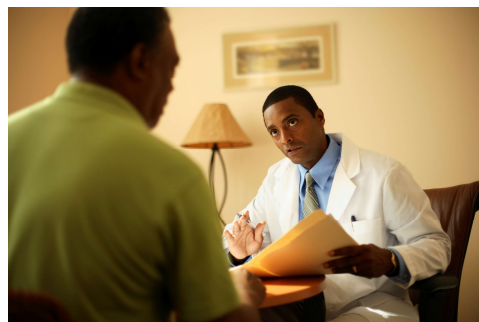
Other reactions include- new fears, unresponsiveness, unexplained somatic complaints

Graphic- Impact of event on child and family, as well as experiences and interactions with healthcare systems.

REALIZE: WHAT IS SECONDARY TRAUMATIC STRESS?

“Secondary traumatic stress is emotional duress that results when an individual hears about the firsthand trauma experiences of another.”

-National Child Traumatic Stress Network (NCTSN)



Secondary traumatic stress is emotional duress (distress) that results when an individual hears about the first-hand trauma experiences of another. It is not uncommon for healthcare professionals, working with patients who have had exposure to trauma to experience distress themselves. Knowing what secondary traumatic stress is and what it may look like in your peers and yourself is important to help identify when help is needed.

Secondary Traumatic Stress Resources:

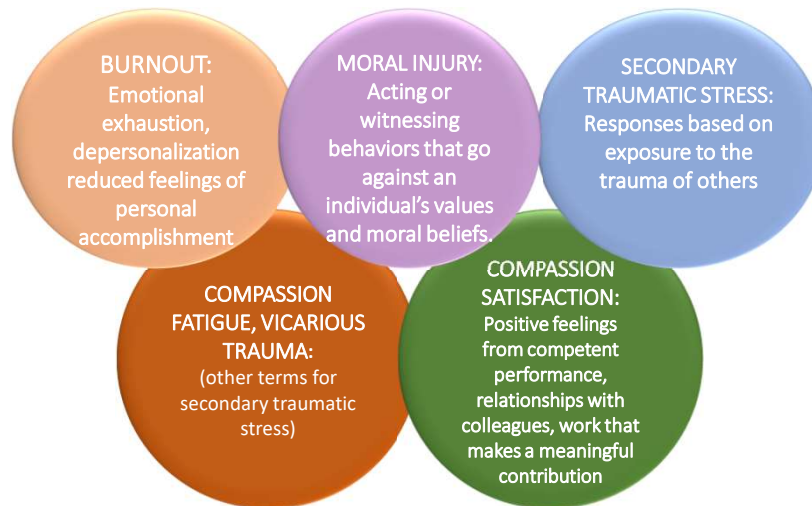
Healthcare Toolbox: <https://www.healthcaretoolbox.org/self-care-for-provider>

Secondary Traumatic Stress Innovations and Solutions Center:

<https://www.uky.edu/ctac/stsisc>

National Child Traumatic Stress Network: <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress>

REALIZE: SELF-CARE RELATED TERMS AND CONCEPTS



Burnout: Comes about when the need is greater than the resources available

Moral injury: Healthcare professionals struggle with moral injury when they are witness to situations or care plans that they do not agree with. Sometimes healthcare professionals are required to carry out actions that go against their moral beliefs.

Secondary Traumatic Stress: This is the stress that comes from being exposed to or hearing about the trauma of others. Healthcare professionals typically do more than just “hear about” the trauma, they may even be part of the care team who is witnessing the medical events related to the trauma.

Compassion Fatigue/Vicarious Trauma: Compassion fatigue and vicarious trauma are **the physical, emotional, and psychological impact of helping others** – often through experiences of stress or trauma.

Compassion Satisfaction: This is the positive pieces of the work that healthcare professionals carry out. This comes from the feeling up helping someone and making a positive difference in the life of those that you interact with.

RECOGNIZE: THE SIGNS AND SYMPTOMS OF
TRAUMA IN PATIENTS, FAMILIES, STAFF AND
OTHERS INVOLVED WITH THE SYSTEM

RECOGNIZE: WHAT DOES TRAUMATIC STRESS LOOK LIKE?

Re-experiencing:

- “It pops into my mind.”
- “Feels like it’s happening again.”
- “I get upset when something reminds me of it.”

Alterations in cognition or mood:

- Feeling very scared, angry, guilty or ashamed.
- Thoughts: “All people are bad.” / “The whole world is a scary place.”

Avoidance:

- “I block it out, try not to think about it.”
- “I try to stay away from things that remind me of it.”

Increased arousal:

- “I’m always afraid something bad will happen.”
- “I jump at any loud noise.”
- “I can’t concentrate, can’t sleep.”

Reactions and responses to traumatic stress may look different from person to person. It is important to keep in mind here that this can be the response of patients, their family members and even staff or yourself.

Re-experiencing:

- “It pops into my mind.”
- “Feels like it’s happening again.”
- “I get upset when something reminds me of it.”
- This may be expressed through dreams or daily actions.

Alterations in cognition or mood:

- Feeling very scared, angry, guilty or ashamed.
- Thoughts: “All people are bad.” / “The whole world is a scary place.”
- Changes in the way the world is viewed. Alteration in the way that we look at others and the world around us. May see this as changes in someone’s personality, outlook, habits or behaviors.

Avoidance:

- “I block it out, try not to think about it.”

- “I try to stay away from things that remind me of it.”
- Staying away from certain streets or neighborhoods, people that remind them of certain aspects of an event or trauma. Unable to perform tasks that remind them of the traumatic situation.

Increased arousal:

- “I’m always afraid something bad will happen.”
- “I jump at any loud noise.”
- “I can’t concentrate, can’t sleep.”
- Physical reactions associated with anything that is a reminder of the trauma or event/experience.

RECOGNIZE: EXPOSURE TO TRAUMA



Subjective experience is a more important predictor.

Contrary to what you might expect, the objective severity of the trauma or the medical condition is not a very good predictor of how an individual will respond after a potentially traumatic experience. Each person's subjective experience seems to play a much bigger role.

While it would be simpler if these common-sense indicators could tell us who needs additional attention or services, we have to look beyond these and consider the potential for traumatic stress in all the patients we see."

RESPOND: BY FULLY INTEGRATING KNOWLEDGE
ABOUT TRAUMA INTO POLICIES, PROCEDURES,
PRACTICES, AND SETTINGS

Response is expected across the board — from front line provider to staff to leadership/admin. But recognizing that larger systems issues need to be addressed at the admin level to be successful.

RESPOND: REFRAMING OUR APPROACH



“WHAT HAPPENED TO YOU?”

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

How to help combat this trauma?

SAMHSA (Substance Abuse and Mental Health Services Administration) Trauma Informed Approach Asks “What happened to you?” instead of “What's wrong with you?”

SAMHSA shares the six key principles of trauma informed care as follows:

Safety – trust and safety is mutually defined

Trustworthiness & Transparency – organizational operations and decisions are conducted with transparency; goal of building trust with staff, client families

Peer Support – and mutual self help are key for establishing safety and hope, building trust, and collaboration

Collaboration & Mutuality –Importance placed on partnering and leveling power differences between staff & clients; Everyone has a role to play

Empowerment, Voice and Choice – Organization and clients strengths and experiences are recognized and built upon. Shared decision making, choice, and goal setting

Cultural, Historical, and Gender Issues – the organization moves past cultural stereotypes and biases (race, gender, age, sexual orientation etc) Policies and practices are responsive to gender, racial, ethnic and cultural needs of individuals, recognizes historical trauma.

Resources:

https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

RESPOND: DEF PROTOCOL

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children ...AFTER THE ABCs, CONSIDER THE DEFs	
D	DISTRESS <ul style="list-style-type: none">• Assess and manage pain.• Ask about fears and worries.• Consider grief and loss.
E	EMOTIONAL SUPPORT <ul style="list-style-type: none">• Who and what does the patient need now?• Barriers to mobilizing existing supports?
F	FAMILY <ul style="list-style-type: none">• Assess parents' or siblings' and others' distress.• Gauge family stressors and resources.• Address other needs (beyond medical).

Healthcaretoolbox.org

D-E-F is an acronym that is helpful in for healthcare professionals to use when assessing traumatic stress in patients and their families.

- D- Distress of the patient
- E- Emotional Support needed by the patient
- F- Family Needs at this time

www.healthcaretoolbox.org

RESPOND: CONSIDERATIONS IN PROVIDING CULTURALLY-SENSITIVE TRAUMA-INFORMED CARE

Culture includes, *but is not limited to*:

- Religious beliefs
- Socioeconomic status
- Gender
- Sexual identity
- Literacy level
- Residency

How to Assess: Culturally Sensitive Trauma-Informed Care

...QUESTIONS PROVIDERS SHOULD ASK

LISTEN

...for variations in understanding. Ask:

- What is your understanding of what's happened?
- What is worrying you the most?
- What does your family think about it?

BE OPEN

...to involving other professionals. Ask:

- Who do you normally turn to for support?
- Who else should be involved in helping your child?
- Are you open to outside referrals and resources?

RESPECT

...different communication practices. Ask:

- Who typically makes the decisions about your child?
- What information should be shared with your child?
- Is there anyone else you would like me to talk to?

View *relationships, assessments and treatments* through a Culturally-Sensitive Trauma-Informed Lens

Culture is more than race and ethnicity

The capacity for health care professionals to effectually provide trauma-informed assessment and intervention that acknowledges, respects, and integrates patients' and families' cultural values, beliefs, and practices.

As in all pediatric care, Culturally-Sensitive Trauma-Informed Care requires attention to be paid to a child's and family's values and beliefs about health and illness.

- What's unique is that attention must also be paid to cultural variations in the child's and family's experience of and response to trauma.

Research suggests that although there is a universal biological response to trauma, cultural factors can influence the biopsychosocial experience of trauma and subsequent traumatic stress reactions.

- Ethno-cultural factors play an important role in an individual's vulnerability to, experience and expression of traumatic stress, as well as their response to trauma

treatment.

Culture includes, *but is not limited to:*

- Religious beliefs
- Socioeconomic status
- Gender
- Sexual identity
- Literacy level
- Residency

Keep in mind the current political and social contexts in which we are living

Culturally-Sensitive Trauma informed care is a great way to incorporate family centered care into your practice and culturally sensitive trauma informed care is based upon listening, being open, and respecting the different cultural practices of everyone that we care for. Recognizing that what some patients need at the time of their treatment may differ from what you or your family would need in that moment. So we want to:

Listen to their understanding of the situation, their worries and thoughts
Be Open to who they want by their side, what kind of help they are seeking

And Respect the ways in which they communicate about what they need at that time.

Ultimately, it is good practice to view all relationships, assessments and treatments through a culturally sensitive trauma informed lens

View **RELATIONSHIPS** through a Culturally-Sensitive Trauma-Informed lens

- Understand your role as a provider within this family's world.
- Gain a better understanding of the roles and dynamics within this family.
- Consider and facilitate the inclusion of others (extended family, clergy, healers) when treating patients.

View **ASSESSMENT** through a Culturally-Sensitive Trauma-Informed lens

- The manifestation and expression of psychological states differ depending on personal, familial, and cultural beliefs and practices.
- Listen to and use the family's own terms during assessment and treatment planning
- Trust in / comfort with the provider is vital and it's up to us to promote trust.

View **TREATMENT** through a Culturally-Sensitive Trauma-Informed lens

- Healing comes in many different forms; your ideas, beliefs, and values may differ from the family's.
- Be sure you have integrated the family's understanding of diagnosis, prognosis, and healing into your treatment planning.
- Consider each family's resources and barriers to help-seeking and utilization of supportive services within the community.

Resources:

<https://healthcaretoolbox.org/cultural-considerations>

“How Racism Can Affect Child Development”:

<https://developingchild.harvard.edu/resources/racism-and-eed/>

RESPOND: ABCs OF PROVIDER SELF CARE

For the Provider: Working with Traumatized Children and Families ...ABCs OF PROVIDER SELF-CARE	
AWARENESS	<ul style="list-style-type: none">• Be aware of how you react to stress (overworking, overeating, etc.).• Monitor your stressors and set limits with patients and colleagues.• Talk to a professional if your stress affects your life or relationships.
BALANCE	<ul style="list-style-type: none">• Diversify tasks and take breaks during the workday.• Eat sensibly, exercise regularly, and get enough sleep.• Engage in activities outside of work; use your vacation days.
CONNECTION	<ul style="list-style-type: none">• Connect regularly with family, friends, and community.• Use meditation, prayer, or relaxation to connect with yourself.• When not at work, disconnect from professional role and e-mail.

Healthcaretoolbox.org

One way to think about what you can do as an individual, is to remember Awareness, Balance, and Connection - ABC.

This means:

Monitoring your reactions and being **AWARE** of changes

Maintaining **BALANCE** in personal and work lives

Staying **CONNECTED** to loved ones and trusted colleagues

Both individually and organizationally

Individual

Self care

Know when to say “no”

Take inventory of what you spend time doing vs. what you enjoy doing

Stay social- interact with people in other specialties

Vacations- Take them!

Balancing your work- "Some trauma treaters find it helpful to balance their trauma work with other work" -ISTSS

Awareness

Personal triggers

Personal boundaries

Balance:

Work-life balance

Organization:

In terms of thinking organizationally, take time to consider what resources are available within your institution. Consider:

Does the organization Seek out or recognize whether the organization that you work for values and supports work-life balance

Does the organization recognize that all staff may be impacted by this work

Does the organization value avenues for teams to acknowledge and debrief after challenging incidents, cases or situations.

Organizational

Support programs for caregivers

Encouraging work-life balance

Self-scheduling

Mandatory breaks

Staff resources like disruption free lunch breaks or places to step away if needed

Culture of safety encouraged between peers and management

Organizational support can include

- Psychoeducation
- Skills training
- Staff retreats
- Clinical group supervision
- Case conferencing
- Self-report screening
- Workplace self-care groups
- Work/life balance
- Flexible scheduling
- Employee assistance programs
- Use of evidence-based practices

www.healthcaretoolbox.com

Organizational Support for Self Care

Is there a self-care culture in the organization?

Recognize contributions and effort

Incorporate trauma informed principals with staff/each other

Clinical Group Supervision

Case conferencing

Obtain staff input on policy and
procedure development

Recognize staff have their own trauma
histories

Job hazard- responsibility of the
employer and team leaders to
incorporate structural changes so that
we are protected. Specific team needs.

RESPOND: WHAT IS THE IMPACT?

“The changes helpers experience in their identities, world views, and spirituality affect both the helpers’ professional relationships with clients and colleagues and their personal relationships.”

– International Society for Traumatic Stress Studies (ISTSS)

Secondary traumatic stress can impact patient care.

Secondary traumatic stress can have impact on the physical and mental health and well-being of the health care professional. This traumatic stress can impact the healthcare professional’s professional as well as personal life. It can contribute to discord and distress within the health care professional’s home life. The impact that secondary traumatic stress may have on an individual health care professional’s work can have an impact on the larger health care team and may cause issues such as tension or conflict, miscommunication and can even result in concerns regarding patient safety and quality of care.

STS may contribute to:

Tension or conflicts with patients & families

Stresses within the interdisciplinary

health care team
Miscommunication

RESIST: RE-TRAUMATIZATION THROUGH ACTIONS
PERFORMED WHILE IN OUR CARE

RESIST: POTENTIAL FOR NEW TRAUMA/RE-TRAUMATIZATION

Our #1 goal...

is to minimize potentially traumatic aspects of care and reduce the chances that we will re-traumatize patients and families while in our care.

When patients and families are being cared for, sometimes uncomfortable and even painful experiences may be required during their care. It is the goal of healthcare professionals to limit and minimize the amount of discomfort that is experienced while performing medical care.

ADDITIONAL RESOURCES

The screenshot shows the HealthCare Toolbox website interface. At the top, the logo reads 'HEALTH CARE TOOLBOX' with the tagline 'Helping children and families cope with illness and injury'. The page title is 'Pediatric Medical Traumatic Stress'. A navigation menu includes 'Home', 'Trauma-Informed Pediatric Care', 'Find Information For...', 'Take An Online Course', 'Find Tools And Resources', and 'For Patients And Families'. The main content area is titled 'Providing Trauma Informed Care for Children'. It explains that illness and injury can be physical and psychological stressors, leading to pediatric medical traumatic stress. It lists two goals: to reduce the impact of difficult medical events and to help children cope with emotional reactions. Below this, it details 'How to Provide Trauma Informed and Patient Centered Care in Pediatrics' with two numbered points: 1. Minimize traumatic aspects of medical care (pay attention to child/family experience, reduce frightening aspects, remember prior trauma) and 2. Provide all pediatric patients with basic support and information. An image shows a healthcare provider in a white coat and mask interacting with a young girl and another person in a clinical setting.

Heathcaretoolbox.org

HealthCare Toolbox is the website for the Center for Pediatric Traumatic Stress, the sponsor for this project. The Center for Pediatric Traumatic Stress is a member of the National Traumatic Stress Network. The mission of the Center for Pediatric Traumatic Stress is to reduce pediatric medical traumatic stress through promoting trauma-informed healthcare, disseminating evidence-based practices and screening tools to pediatric healthcare providers and training providers to recognize and address traumatic stress in children.

RESOURCES

- **ACEs Connection:** <http://acesconnection.com>
- **After the Injury:** <https://www.aftertheinjury.org/>
- **CDC:** www.cdc.gov/violenceprevention/acestudy
- **Center for the Developing Child- Harvard University:** <https://developingchild.harvard.edu/>
- **International Society for Traumatic Stress Studies (ISTSS):** <https://istss.org/home>
- **National Child Traumatic Stress Network:** <https://www.nctsn.org/>
- **Original ACE Study:** www.acestudy.org
- **National Center for PTSD -** www.ncptsd.org

Resources that are relevant to this information and have been referenced throughout the presentation.

RESOURCES

Tools/Apps:

- **Headspace-** www.headspace.com
- **Calm.com-** www.calm.com
- **Helpguide-** www.helpguide.org
- **Mind Tools-** www.mindtools.com
- **Pacifica-** www.thinkpacifica.com
- **Children's book-** <https://www.mindheart.co/descargables>

Resources that are relevant to this information.